F. B. No.

	1 PLACE OF DEATH	STATE OF MARYLAND
	12509	CERTIFICATE OF DEATH
Co	unty Sarrell	Registered No. 166
Vi	liage or City Mf-Lake Park, (No.	St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
	* FULL NAME Mary Louise	- Barnard
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 4 COLOR OR RACE White 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH September 234, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH Opril (Month) (Day) (Year)	May 12, 1913, to May 18", 1913, that I last saw har alive on May 18, 1913
7 AG	E 1	and that death occurred on the date stated above, at 6 pm. The CAUSE OF DEATH* was as follows: Arlernosclerosis Cerebice korus
(a) pari	CUPATION Trade, profession, or icular kind of work General nature of Industry,	puniplegia with puly 5 is
busin	less, or establishment in h employed (or employer)	(Duration) yrs. mos. ds.
9 B1 (St	RTHPLACE att or country) Preston Co. H. Va.	(Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
	TO NAME OF Elijah Winters	(Signed) / W (Ours , M. D. Oct - 1 , 1913 (Address) Oats land Mal
ARENTS	11 BIRTHPLACE OF FATHER (State or country) // koatturg Md. 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	OF MOTHER Wry. Wiles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Reston Co. M. Va.	At place In the of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
	Informant).	If not at place of death? Former or osual residence.
1 6	(Address) Mr Lase Park, Md	Nome Burial ground Sept 96, 1919 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Begistri	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Hiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the .Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERFERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainmia," "PUERPEBAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., oI . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For VIO-



PERMANENT INK-THIS UNFADING WITH PLAINLY. WRITE

Very OCCUPATION IS should PHYSICIANS RECORD Jo statement tated classified. certificate. of n terms, ATH in plain Information DEATH See PO CAUSE OF Every

10 NAME OF

PARENTS

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FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address'

OF FATHER (State or country)

PLACE OF DEATH	12510
County Garrett, In	d.

James a. Broker



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in

	FULL NAME Breke	St.; Ward) a hospital or lostitution, give its NAME instead of street and nomber.]
PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX linknym	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Seff (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE	Sept. 6 1 1 2 3 3 3 3 3 3 3 3 3	that I last saw h alive on
business, or	ession, or	(Duration) yrs mos ds
9 BIRTHPLAC (State or	r country) Md	Contributory Name Secondary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

ı	OR RECENT RESIDENTS)					
ŀ	At place		in the			
l	ot death yrs mos.	ds.	State	yrs.	mos.	ds
	Where was disease contracted.			•		
ı	If not at place of death?	************				

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

314-, 1913. (Address).

DATE OF BURIAL

mong Wila.

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Forcman,"

("Pneumonia," unqualified, is indefinite): Tubercu-lcsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); "Croup";) Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use be URICAU, VISTA CRIVEL) term for the same disease. Examples: Ccrcbrolpinal time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the pisease Lobar pneumonia; Bronchopneumonia

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1914 CHANED BUREAU, V. S. NOV 8 1913

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING V 2 FOR UNFADING INK-THIS RESERVED MARGIN PLAINLY, WITH

No.

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N. B.

Village or City The Germany (No.	STATE OF MARYLAND CERTIFICATE OF DEATH 12511 Registration Dist. No. /6 2 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
For the word of th	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw h alive on
7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	attend Chirons
(b) General nature of Industry, business, or establishment In which employed (or employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country)	Gontributory (Secondary) (Duration) yrs mos ds
10 NAME OF CINOS Broadwate	(Signes) N. 18 Basker Joseph Region
Z (State or country)	State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
Z (State or country) 12 MAIDEN NAME OF MOTHER CANAL CASLEY	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
Interment of the pest of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
By taille	usual residence
Address) Manuelland Mc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Modernacy Sept 0, 1913
Filed,191	20 UNDERTAKER ADDRESS

If more hlanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing death—Name, first, the nisease causing death—Name, first, the nisease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, mentinges, peritonaeum, etc... Carcinologies

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N. B.—Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

FOR BINDING

RESERVED

MARGIN

Village or City Reve Darrace (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / 6 St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Menth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Mooth) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h
(b) Genoral nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Pather Copparation 11 BIRTHPLACE OFFATHER (State or country) Pa	(Duration) yrs. mos cs. Contributory (Secondary) (Duration) yrs. mcs ds. (Signed) yrs. mcs ds. Refer 9, 191 \$ (Address) Oanceaed no.
12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Informant) Leeys Christian (Address)	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER
The state of the s	, o a. standing St., Baite., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons -C'oal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senlie," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Deblity" ("Conaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cause of death approved by Committee on Nomenciascpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory "Old Age," "Sbock," "Uraemia," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for



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BINDING

FOR

RESERVED

MARGIN

1 PLACE OF DEATH

19519

Co	ounty Sarrett	CERTIFICATE OF DEATH Registered No. 164
V	illage or City Colon (No	St; Ward) [If death occurred In a hospital or Institution, give its MAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sept - 13, 1913. (Month) (Day) (Year)
8 D	ATE OF BIRTH Oln / Snown (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from Sept 1913, 1913, that I last saw here alive on Sept 1913,
7 AG	81 yrs. 11 mos. 13 ds. OR mln.?	and that death occurred on the date stated above, at J. M., m, The GAUSE OF DEATH* was as follows:
(a) par (b) busi	OCCUPATION Trade, profession, or flicular kind of work General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos ds
-	IRTHPLACE tate or country)	Contributory (Secondary)
	10 NAME OF Wife Beeghly	(Signed) (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
PA	OF MOTHER MINONN 13 BIRTHPLACE OF MOTHER (State or country) 11 Management	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 _T	(Informant) AMMA ALANDER	Where was disease contracted, If not at place of death?
	(Address) accident Mag	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FII	1ed Alsh 13 1913 John Shighter REGISTRAR	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by L. S. Census and American Public Health Association.]

wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puesperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Con-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inantion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of __ The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for



PERMANENT ED œ

Information

RECORD

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the distant Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative bealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic eere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness, affection need not be stated unless important. scpsis, tctanus) may be stated under the head of Injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. genltal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., oma. Sarcoma. etc., of __ The contributory Mways qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can-State cause for Examples: BOL AIO-



PLACE OF DEATH 12010	STATE OF MARYLAND
61-12. A	CERTIFICATE OF DEATH
County TOMPEN	Registration Dist. No. 9/68
5 + +	
Village or City Mean Meesur (No.	St.; Ward) [It death occurred in a hospital or institution,
SO-0 1 44	give Its NAME Instead of street and number.]
2FULL NAME O Wyallell	a rager
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Suph, 23 1913
Lemale white (With the word)	(Nonth) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
0-6 26 1064	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Month) (Day (Year)	that I last saw h 4 allve on Out , 6 ,191 \$
7 AGE If LESS than	and that death occurred on the date stated above, at & a m
45 yrs mos 3 8 ds 0R min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Caucer of domach
(a) Trade, protession, or Paule Wife	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) / yry() mos. ds
9 BIRTHPLACE (State or country) (1 4 hal	Contributory
Same ma	(Duration) yrs mos ds
10 NAME OF Complain	(Signed) a K. Walker, M. D
11 BIRTHPLACE OF FATHER	Supr, 23, 191 & (Address) Troslbing hid
(State or country) allegang Country	*State the Dieease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Spiciose, or Homicidal.
11 BIRTHPLACE OF FATHER (State or country) allegang Country 12 MAIDEN NAME OF MOTHER CONTROL 13 MAIDEN NAME OF MOTHER CONTROL 14 PROTECTION 15 PROTECTION 16 PROTECTION 17 PROTECTION 18 PROTECTION 18 PROTECTION 19 PROTECTION 10 PROTECTION 10 PROTECTION 10 PROTECTION 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 PROTECTION 14 PROTECTION 15 PROTECTION 16 PROTECTION 17 PROTECTION 17 PROTECTION 18	
13 BIRTHPLACE	OTENGTH OPRESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
(State or country) Classett Do Ma	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) (Informant)	Former or usual residence
The the thing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 15	Johnsons Gonetto 9 26 1913
Filed Seht 24, 1919 IT Transport Colores	20 UNDERTAKER ADDRESS
REGISTRAR	Frostburg Furniture & Undertaking Co

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUKLAU, V.S.

N. S. No. 1

	PLACE OF DEATH 12516	STATE OF MARYLAND
Cou	inty Jarrett	CERTIFICATE OF DEATH Registered No. / 67
	g my	Registered No.
Vill	PULL NAME Susan	St.; Ward) a hospital or institution give its NAME instead of street and number.}
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	The second secon	Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DA.	(Month) (Day) (Year)	July 29, 1913, to Sept 5, 1913, that I last saw her allve on Sept 5, 1913
AGE		and that death occurred on the date stated above, at
(a) I parti	CUPATION rade, profession, or housework	Carcinoma of pursons
busine which	eneral nature of industry, ess, or establishment in employed (or employer)	(Duration) yrs. mos. ds.
BIR (Sta	THPLACE to or country & hans awah Co. Virginia	(Secondary) (Deration) yrs mos s.
	NAME OF John M. Stulling burg	(Signed) Manning, M. D. Seft 9, 191 3. (Address) Dobbin 1911
Z	OF FATHER (State or country) Nausphira Co. Virginia 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
- 1-	OF MOTHER Mullian 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
4 T F	OF MOTHER (State or country) Shanadoalo Co. Vigning (E ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrs mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?
(1	nformant) J. F. Lel	Former or usuai residence
	(Address) Milson Mila.	19 PLACE OF BURIAL OR REMOVAL DATE/OF BURIAL
Filed	Sept, 9", 1813 Isaac W. Abernathy	26 UNDERTAKER Duling ADDRESS Vormania

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care the nature of the husiness or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (b) Cotton mill; (a) Salcsman, (retired 6 yrs.). For persons -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples:



PLACE OF DEATH 12517 STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registered No. fif death occurred in St:Ward) a hospital or lostitution. RECORD give its NAME instead of efreet and number. 1 ō PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) (Day) I HEREBY CERTIFY. That I attended deceased from 831 (Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in ADING (Duration) may which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory (Secondary) certifica that 10 NAME OF 80 0 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME piain TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place OF MOTHER (State or country) In the DEATH of death ____ ... yrs. mos. ... State _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death? Former or OF CAUSE OF psual residence DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

*minc, etc. cated thus: Farmer (retired 6 yrs.). gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation bas Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the dibease caubing death—Name, first, the dibease caubing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosts of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchae. etc.; when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. B. No. 1.

PLACE OF DEATH 12518	STATE OF MARYLAND
Oto	CERTIFICATE OF DEATH
County Garrell	164
$\sim 1, t$	Registration Dist. No. 164
Village or City Aprilaly (No.	St.; Ward) [If death occurred in a hospital or Institution,
1 1 = 0 00	give its NAME instead
bohn 6 HOCK	fman of street and number.
*FULL NAME	4
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
MARRIED, WIDOWED, WARNING	(Month) (Day) (Year)
Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
Jan 16 , 18-35	
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
18 yrs. 1 mos. 29 ds. OR. mlo.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION AT	Droppy & Ola 936
(a) Trade, profession, or	
particular kind of work. (b) General nature of industry,	Had sie Mysician
business, or establishment to	(Duration)mosds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Gontributory (Secondary)
13 90 421 14 24/2114/11g	(Duration) yrs mes ds,
10 NAME OF FATHER ALM MAN MAN	(Signed) Aller for Social Registation
11 BIRTHPLACE OF FATHER	Sep 15, tot 3. (Address) Colden U
(State or country) /3909119 Clermany	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
2 12 MAIDEN NAME OF MOTHER,	
a /minown	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER DATE OF MOTH	At place In the
(State or country) Ballund allumany	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
Informant, 16, 16, 16, 10, 11, 11, 11, 11	Former or usual residence
thasan Town III ba	10
(Address) LIV 450 11 10 11 17 17	Paral + 11d 0115
16 of les a below PD' It	20 mag 1913.
Filed Sept 15 1913 John & Michiller	20 UNDERTAKER ADDRESS,
focal REGISTRAN	Susan Engelhan Wecident Ma
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-



12519 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. OCCUPATION Registered No. Ilf death occorred in St:Ward) RECORD a hospital or institution. give its NAME lostead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH SEY 4 COLOR OR RACE S SINGLE. MARRIED WIDOWED Write the word) (Month) (Day) I HEREBY CERTIFY, That I sttended deceased from 17 8 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, st... t day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in may which employed (or employer) -----⁹ BIRTHPLACE (State or country) Contributory. (Secondary) that 10 NAME OF FATHER 90 ARENTS back 11 BIRTHPLACE terms, OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent 00 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME piain TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 18 BIRTHPLACE OR RECENT RESIDENTS 5 OF MOTHER (State or country At place In the EATH of death State yrs, ____ mos. Where was disease contracted. If not at place of death? 10 0 Former or Item 9 Every Item CAUSE OF Important. usual residence DATE OF BURIAL 15 20 UNDERTAR ADDRESS REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

ARGIN

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as who have no occupation whatever, write None been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite support to the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ample: Mcasles (disease causing death), 29 de.; affection need not be stated unless important. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage. as "Puerperal scptichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:



BINDING FOR RESERVED MARGIN

Z,

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK_THIS PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, so Important. m ż

12520 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 167

٧	FULL NAME William Wo	St; War	d) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE C	F DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month)	(Day) , 191 3
8 D	ATE OF BIRTH Seff. 9, 1913 (Month) (Day) (Year)	that I last saw have allve on Self-	attended deceased from 1913.
7 A	ge If LESS than 1 day, 4 hrs. or min.?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	Bulk
(b) bus wh 9 B (S	rticular kind of work General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER Additional Control 11 BIRTHPLACE	Contributory (Secondary) (Ouration) (Ouration) (Signed) (Ouration) (Address)	yrs. mos ds.
PARENT	(State or country) 12 MAIDEN NAME OF MOTHER Comma Hages	*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; AU TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	d (2) whether Acciden-
14-	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE (Informant)	At place In the	yrs, mos ds
15	(Address) Immania (4)400	19 PLACE OF BURIAL OR REMOVAL	Sept 10 the 1913
Fi	180 Sept 11", 1913 Isaac W. Abernathy REGISTOR	ONA LIAM NIAMA	Dan Ord (186

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pcritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenclachildbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



	PLACE OF DEATH	12521		STATE OF M	
County	Garrell		(na)	CERTIFICATE	, / /
			1 11	Regis	stered No. / 6 6
	or City Danie	(No.	2011.87	St;W	ard) [It death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTIC	AL PARTICULARS	A Committee of the Comm	MEDICAL CERTIFICATE	E OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCEO	LOW 16 DATE OF	DEATH Seff	12, 191.3 (Day) (Year)
6 DATE O	Donat	(Write the word)	Cug.	6	pat I attended deceased from 1918
7 AGE	Should 75	1 6	LESS than and that deat		ted above, at \$.30 P. n
particular k (b) General business, o	rofession, or ind of work Administry, establishment in yed (or employer) -ACE country) Audium	Wash	Contribute (Secondary	ry Old ag	yrs mos d
S 11 B1 (Sta	RTHPLACE FFATHER te or country) TIDEN NAME F MOTHER	Imaw & Imau	*State the	3., 191. 3. (Address) (Address) (DISPASS CAUSING DEATH	M. D.
13 BII OF (Sta	RTHPLACE MOTHER te or country) Do MA OVE IS TRUE TO THE BEST	Solemen S 1 mon	At place of deathyi	s, ds. Stati	e yrs ds
(Informar	tress) and the desired	A gud	Former or usual residenca	BURIAL OR REMOVAL	DATE OF BURIAL
Filed. De	W. 15 1012 Ha	und & Day	20 UNDERTAI	(ER	ADDRESS

FOR BINDING

MARGIN RESERVED

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) .liways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for



OCCUPATION IS RECORD PERSONAL AND TATISTICAL PARTICULARS PERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED. RDIVORCED (Write the word) (Month) (Day) (Year) TAGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in may which employed (or employer) -----Ž 9 BIRTHPLACE (State or country) certificate. Contributory (Secondary) thst 10 NAME OF FATHER 80 10 ARGIN ARENTS 11 BIRTHPLACE terms. OF FATHER (State or count 12 MAIDEN NAME in plsin OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country EATH Where was disease contracted. If not at place of death? 0 ā Former or OF Every Item CAUSE OF Important. usual residence

12522

.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No [If death occurred in St ;.....Ward) a hospital or Institution. give its NAME Instead

of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date atated above, a (Duration)yrs....

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

In the of death _____ yrs. ____ mos. ____ ds. State yrs, ____ ds. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. C.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civi applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an case especially in industrial employments, it is nec-Phi For many occupations a single word or term on the tion is very important, so that the relative healthfulness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupacian, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But In many If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

such, if impossible to determine definitely. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Puerperal scottchacvalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailecause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. nant neopiasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State cause for Never report Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH	12523		TATE OF MAI	
County	101	X /=====	Register	,//
Village or City Con Occ	Cicie 4	longe	St;Ward	[if death occurred is a hospital or iostitotical give its NAME instead of street and outsider.]
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICA	L CERTIFICATE OF	DEATH
SEX COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OROIVORCED (Write the word)	16 DATE OF DEATH	(Month)	7-3,191-3 (Day) (Year)
6 DATE OF BIRTH (Month)	(Day) (Year)	that I just saw h	1913, to Sept	stended deceased from
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry.	os. / 7 ds. ORmin.	and that death occurred The CAUSE OF BEATH	on the date stated : * was as follows:	above, at
business, or establishment in which employed (or employer)	e m	Contributory(Secondary)		yrs
11 BIRTHPLACE OF FATHER IN 12 MAIDEN NAME OF MOTHER	Sorage		NS OF INJURY: and	deaths from VIOLENT (2) whether ACCIDEN-
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST (Informant)	of MY KNOWLEDGE	16 LENGTH OF RESIDENTS) At place of death yrs mos Where was disease contracted, if not at place of death? Former or usual residence.	ICE (FOR HOSPITALS, II IS the State	NSTITUTIONS, TRANSIENTS, Jrs ds.
(Address) Oceans 15 Filed Mar Dus 1913 Drace	eard Janes REGISTRAR	19 PLACE OF BURIAL O Washing C 20 UNDERTAKER	uc C	DATE OF BURIAL PATE OF BURIAL ADDRESS OCCUPANT
If more blanks are no	eded, address State Registra	r, 6 E. Franklin St., Balto	Requesting V. S. No	0. 1.

[Approved by U. S. Census and American Public Health
Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid : Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can he known. The question who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, essary to know For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ampie: Measles (disease causing death), 29 ds. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrersal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As "Contributory." oma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name.origin; "Can State cause for Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN S. No. 1

PLACE OF DEATH 12524	STATE OF MARYLAND
County Garnett	CERTIFICATE OF DEATH
7 1/1/10	Registration Dist. No.
Village or City Saukhu Helio	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME annie Shank	coltzer Seitherland of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH Sept 2930, 1913. (Month) (Day) (Year)
DATE OF BIRTH about 1857	17 I HEREBY CERTIFY, That I attended deceased from Sylvens 1913, to Sylvens 2975, 1913,
(Month) (Day) (Year)	that I last saw h A allve on 77 77 1918
AGE It LESS than 1 day,brs.	and that death occurred on the date stated above, at
Work 62 yrs. mos, ds. OR min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or Housewife particular kind of work.	
(h) General nature of industry, business, or establishment in	(Duration) yrs, mos de
which employed (or employer)	Contributory Chronic Briofts druce
(State or country)	(Secondary) (Duration) 2 yrs mos ds.
10 NAME OF TRATHER DELAS SALES SALES	(Signed) A Chall M. D.
IN 11 BIRTHPLACE	Sapa 30, 1913 (Address) il amentico
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) Whether ACCOUNTS
of Mother will Manholts	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) A a Seilherland	Former or usual residence
(Address) Meslernekort Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Westernand and Och 2, 1813.
Filed	20 UNGERTAKER ADDRESS
REGISTRAR	I t Tudleck (Budmont
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Elation, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will he sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Pursperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Traemia," "Weakness," __ (name origin; "Can Examples: For vio-



'PLAGE OF DEATH STATE OF MARYLAND 12525 CERTIFICATE OF DEATH CCUPATION I Registered No. fif death occurred is St ;.....Ward) a hospital or Institution. RECORD give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, OR DIVORCED (Month) (Day) (Year) (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from PE (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated shove, at 1 day,hrs. aleans 56 The CAUSE OF DEATH * was as follows: OR 7 property BOCCUPATION GE (a) Trade, profession, or particular kind of work (b) General nature of industry. be business, or establishment in (Duration)yrs....mos. may which employed (or employer) certificate. 9 BIRTHPLACE Contributory..... (State or country) (Secondary) Œ 10 NAME OF FATHER 80 ŏ pe back 1913 (Address) 11 BIRTHPLACE terms, PARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE OF MOTHER (State or country At place in the DEATH of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. ____ ds. Where was diseasa contracted. If not at place of death?. 0 Former or 9 usual residence. Important. CAUSE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Diclacea 20 UNDERTAKER ADDRESS ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Farmer or Planter, Salcsman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of State cause for Never report Examples: For VIO-



PLACE OF DEATH	STATE OF MARYLAND
Gounty 9 12526	CERTIFICATE OF DEATH
\$ 44/	Registered No. 166
Village or City My (No,	St; Ward) [If death occur a hospital or inst
* FULL NAME John Wa	of street and nomi
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCES (Write the word)	16 DATE OF DEATH Research Agent 25, 191 (Month) (Day) (Yea
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased
Agr 25 1913	, 191 , to , 19
(Month) (Day) (Year) AGE If LESS than	that I last saw h allys on, 19
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	Sheet Dan
particular kind of work	,
business, or establishment in which employed (or employer)	(Doration) yrs. mes.
9 BIRTHPLACE	Contributory (Secondary)
(State or country) Many earl	(Deration)rrsmos
10 NAME OF FATHER	(Signed) T. I, The Durafus
S 11 BIRTHPLACE	Fig. 21, 1913 (Address) Oorean m
Z (State or country)	*State the Dispass Causing Duarry on in deaths from Wann
of Mother Clay acres Bownen	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment the way with the second	Former or
mather 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Name On - Azer 21
Filed Delli Ms 1812 (Valloud 2. Jones	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal scptichacgenital," "Senile," etc.), "Dropsy," "Exhaustion, thonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: d8.



PLACE OF DEATH 12527 County Savrett	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City hleer Park (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple White Single, Married, Widowed, Orolyoreed (Write the word)	(Month) (Day (Year 17 I HEREBY CERTIFY, That I attended deceased to the state of th
7 AGE (Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 day, hrs. OR min.?	that I last saw h a alive on 9-16-, 191 and that death occurred on the date stated above, at 19:45 The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Causes, state (1) Means of Injury; and (2) whether Acci
of Mother Rearle Hinebrungh 13 BIRTHPLACE OF MOTHER (State or country) Yoursettles. Mr. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos
(Informant) James Hurbrande	If not at place of death?
16 Filed Oak Nove 1912 Navlang Jones	If not at place of death? Former or usual residence

19597

[Approved by U. S. Census and American Public Health Association.]

CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication as Day laborer, Farm laborer, "Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, Laborer-As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatle), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report

